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AUFRICHTIG STEIN

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## PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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03/01/2004

PETER D. AUFRICHTIG  
Aufrichtig Stein & Aufrichtig, P.C.  
300 East 42nd Street, 5th Floor  
New York, NY 10017

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PETER D. AUFRICHTIG (Depositor's name)  
(Signature)  
3/23/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/922,595	08/03/2001	John D. Widdemer	P-01179	7675

TITLE OF INVENTION: SUPPLEMENTARY FIBER STRUCTURE FOR LEATHER AND LEATHER GLOVES, SHOES, GARMENTS AND UPHOLSTERY WITH SUPPLEMENTARY FIBER STRUCTURES AND PROCESS FOR ADDING A SUPPLEMENTARY FIBER STRUCTURE TO LEATHER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	06/01/2004

  

EXAMINER	ART UNIT	CLASS-SUBCLASS
SALVATORE, LYNDIA	1771	428-473000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Bali Leathers, Inc.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Box 893, 503 North Perry Street  
Johnstown, New York 12095

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502496 (enclose an extra copy of this form).

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3/23/04

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